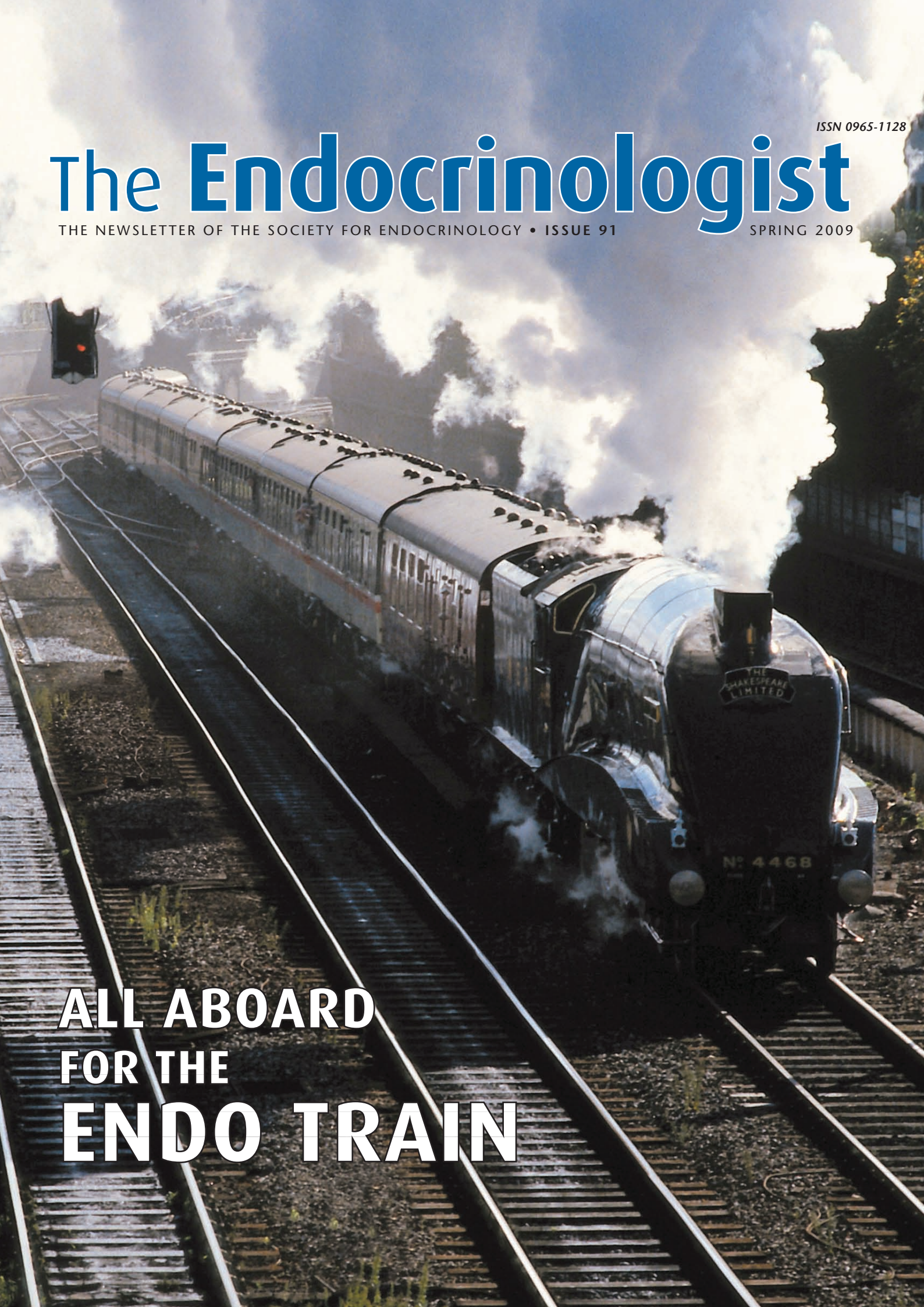


ISSN 0965-1128

The Endocrinologist

THE NEWSLETTER OF THE SOCIETY FOR ENDOCRINOLOGY • ISSUE 91

SPRING 2009



**ALL ABOARD
FOR THE
ENDO TRAIN**



► A country in recession, a world in economic turmoil, unresolved conflicts around the globe, and an epoch-defining change across the Atlantic, with greater expectation on the shoulders of their newly appointed leader than anyone for more than a generation - what a different world we find in 2009. Change is an oft over-used word, but undoubtedly it is one that encapsulates the period that we are living through.

It is, then, apposite that the members of the Society can luxuriate in the calming constant it brings to their lives: membership fees remain competitive, Sue Thorn remains at the helm, and, by the time you read this, the annual Society BES meeting will return to Harrogate once more. Hopefully close followers of *The Endocrinologist* will not be too unsettled by the absence of 'Hotspur' in this issue - not a permanent alteration.

Of course your Society is seeing change and innovation. One clear focus is on the younger generation. 2008 saw the highly successful inaugural Autumn Retreat, aimed at scientists- and clinicians-in-training, to provide a forum for them to mix and share ideas and advice in an informal environment with their peers and other, more established, members of the Society (see page 6). In addition, the Small Grant Programme has been re-focused on those in the earlier stages of their careers (page 3), so - younger members - get applying!

For more established groups, the Clinical Endocrinology Trust offers (amongst much else) support for clinical endocrine audits. Details of these can be found on page 11. The Society's Regional Clinical Cases Meetings are also innovative; you'll find a report of the first of these on page 4. It was a great success and more are planned. The Society is initiating all these developments alongside continued support for existing activities such as the yearly training event at Hammersmith Hospital, where 'Millionaire'-style technology was in play to galvanise the audience into participation (page 5).

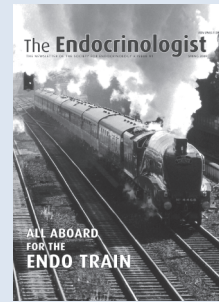
It is, however, not all good news, and it is with great sadness that we learnt of the untimely death of Keith Parker, a friend and colleague to many members of the Society (page 5). Endocrinology has lost a great leader.

A new feature in this edition is the 'Endo Train'. This initiative will promote greater awareness of the history and current state of endocrine science and clinical practice across the Society's membership. It is a chance to let others know what's going on in your patch. Fortunately, we are not governed by timetables (although even if we were I am sure we would be more timely than many of the UK's rail franchises). The first stop is Manchester, where Julian Davis has risen admirably to the challenge of encapsulating all that is 'endocrine' in that great city (page 12) - now it's your turn!

A final word of thanks must go to Joy Hinson who has now stepped down as Editor. I will endeavour to live up to her record, and those of her predecessors.

I look forward to seeing you in Harrogate, or to hearing of any thoughts or suggestions you have by email (info@endocrinology.org).

JOHN NEWELL-PRICE



Editor: Dr John Newell-Price
Associate Editor: Dr Melissa Westwood
Co-ordination: Andrew Lowe
Sub-editing: Caroline Brewser
Design: Martin Harris

Society for Endocrinology
22 Apex Court, Woodlands,
Bradley Stoke, Bristol BS32 4JT, UK
Fax: 01454-642222
Email: info@endocrinology.org
Web: www.endocrinology.org

Company Limited by Guarantee
Registered in England No. 349408
Registered Office as above
Registered Charity No. 266813

©2009 Society for Endocrinology

The views expressed by contributors are not necessarily those of the Society

Officers

Prof JAH Wass (*Chairman*)
Prof JC Buckingham (*General Secretary*)
Prof MC Sheppard (*Treasurer*)
Prof DW Ray (*Programme Secretary*)

Council Members

Dr N Brooks, Prof P Clayton,
Prof K Docherty, Dr R Fowkes,
Prof S O'Rahilly, Prof E Simpson,
Dr M Wallace, Prof G Williams

Committee Chairs

Awards: Prof SG Hillier
Clinical: Prof PJ Trainer
Corporate Liaison: Prof JMC Connell
Finance: Prof MC Sheppard
Nominations: Prof JAH Wass
Nurse: Ms MN Carson
Programme: Prof DW Ray
Publications: Prof JC Buckingham
Public Engagement: Prof AB Grossman
Science: Prof AS McNeilly

Staff

Executive Director: Sue Thorn
Tel: 01454-642216 for the above
Publications Director: Steve Byford
Tel: 01454-642220 for the above
Manager, Society Services:
Rachel Evans
Professional Affairs Officer:
Abhi Vora
Society Services Support Officer: Julie Cragg
Society Projects Administrator: Ann Lloyd
Tel: 01454-642200 for the above
Commercial and Operations Director:
Nigel Garland
Secretariats and Events Director:
Helen Gregson
Tel: 01454-642210 for the above
Business Development Manager: Tom Parkhill
Public and Media Relations Officer: Jennie Evans
Tel: 01454-642230 for the above

2009 Advertising

For more information, contact
advertising@endocrinology.org

Deadline for news items for the Summer 2009 issue: **27 March 2009**. Please send contributions to the above address.

Journal of Endocrinology at 70

'...there can be little doubt as to the necessity for this new journal. The large and rapidly increasing amount of work on endocrinology published by British investigators has led to the overcrowding of journals having other and more general interests.'

NATURE, VOL 143, 10 JUNE 1939

► **Of the notable events of 1939, the publication of the first issue of *Journal of Endocrinology* on 1 July is probably not the first that springs to mind. However, we should be grateful to the committee of 10, led by Lord Solly Zuckerman, who each guaranteed £20 towards setting up a new journal, which now provides a superb legacy in endocrinology. It seems a miracle now, when launching a new journal can cost more than £750 000.**

The first issue had 250 subscribers and an annual subscription of 30 shillings (now £1.50). Today the journal is published 12 times a year in print and online, with over 42 000 global online users each month.

The original committee was spurred on by their frustration with the time taken to publish papers. Indeed, the new journal meant that, after the war, papers could be published in a little as 2 years! This contrasts with today's mean time to first decision of 23 days, with 'accepted preprints' meaning that papers can appear online on the day of acceptance. Importantly, the journal also remains true to its vital role in sifting out the best science.

Come and celebrate this milestone at the welcome reception at the Society BES meeting in Harrogate.



Changes to Small Grant Programme

► **The Society's Small Grant Programme has been renamed as the Early Career Grant Programme - ideally suited to trainee members of the Society.**

Grant conditions have been amended, such that:

- ▷ applications will only be accepted from members who are no more than 10 years post-doc
- ▷ a report must be submitted to the Society 12 months after the funding is awarded, outlining details of any papers submitted or further funding generated from the initial funding
- ▷ grants will normally be awarded up to £10 000 but, in outstanding circumstances, this will be raised to £15 000
- ▷ abstracts for the Society BES meeting that are funded by the grant will be publicised at the meeting

For further information and an application form, please see www.endocrinology.org/grants.

AIRING HORMONES IN PUBLIC...

► **To spread the word on hormones, the Society is organising a number of public engagement activities this year.**

On 13 May, an evening lecture organised with Science Oxford will see discussion on the latest research on sex hormones in a talk entitled 'How hormones shape your life'. The event forms part of a series called 'Sex!', to mark the 200th anniversary of Darwin's birth.

In September, osteoporosis will be in the spotlight when experts from around the UK will discuss the prevention and treatment of the nation's fragile bones at the British Science Festival (formally the BA Festival of Science) in Guildford.

For more information about any of these events, email public@endocrinology.org

Congratulations... We are delighted to announce that Professor Steve Hillier has been appointed Vice-Principal International at the University of Edinburgh.

New members

We are pleased to welcome the new Society members approved by Council in December. These number 42 from the UK, 8 from Europe and 1 from the rest of the world.

Keep in touch

If you do not receive regular email bulletins from the Society, it means that we do not have a valid email address for you. If this is the case, please contact Cherry McGinnity at members@endocrinology.org to let her know your address.

SOCIETY CALENDAR

7-9 September 2009

**Society for Endocrinology
National Endocrine Nursing Conference**
Newcastle upon Tyne

2-4 November 2009

**Society for Endocrinology
Clinical Update**
Manchester

Your membership profile

If you have not yet gone online to provide your membership profile and areas of interest, please do so as soon as you can. The secure membership area is at www.bioscientifica.info/sfe/sfemembers/login.aspx, accessed via the Society's home page. If you are unable to access the site, please follow the on-screen instructions on how to obtain a password.

Prize winners

We are delighted to announce the following prizes awarded at the recent Clinical Cases meeting, held 10 February at the RSM in London.

Dr Veronica Moyes (London) won first prize of £250 for an oral communication presentation, with her case 'Treatment of Nelson's Syndrome with Temozolomide'. Dr Harvinder Chahal (London) won second prize of £150 with his case 'A complex case of parathyroid carcinoma'.

Dr Sanjeev Sharma (Norfolk & Norwich University Hospital NHS Foundation Trust) and Dr Julia Kenkre (Oxford) won prizes of £100 each for their poster presentations, with posters entitled 'Unusual hypoglycaemia: real or factitious???' and 'IGF-II and PTHrP producing metastatic paraganglioma', respectively.

The late Mr Mark Innes

We were touched to receive donations from Mr and Mrs R Innes of York, in memory of their son Mark, who suffered from Addison's Disease, a hypoactive thyroid and diabetes.

Reaching the teachers

► In January, the Society participated in the Association for Science Education annual meeting in Reading. This conference provides secondary school teachers with research updates from scientists and teaching ideas to take these developments into the classroom.

We joined forces with several other biological organisations to construct a 1-day programme of talks entitled 'Biology in the Real World: Bringing the Curriculum to Life'. It aimed to cover areas of the biology syllabus that have recently seen exciting developments.

With the British Pharmacological Society, we developed a session entitled 'Drugs of abuse: psychoactive and



Dr Emma Robinson presenting at the ASE conference

performance-enhancing drugs', presented by Dr Emma Robinson from the University of Bristol. Emma examined the effect of drugs on the human body and how steroids can be used to mimic naturally occurring hormones to enhance physical performance. It was

extremely well received and followed by a lively question and answer session with delegates.

The programme consisted of seven talks, with subjects ranging from 'What is diabetes?' to 'Health impacts of climate change', ending with 'Bringing the real world into the classroom', which examined how to stimulate debates on contemporary science.

The accompanying resource booklet for teachers can be found at www.physoc.org/schools. The Society aims to increase activities in promoting science education in schools. For more information, contact jennie.evans@endocrinology.org.

For more information on secondary level biology experiments and investigations, visit www.practicalbiology.org/.

JENNIE EVANS

A case of regional success

► The first of the Society's Regional Clinical Cases meetings, held in association with the Midlands Endocrine Club (MEC), took place on 8 December at the National Motorcycle Museum in Birmingham.

The event attracted 74 delegates, mostly local trainees, but one had travelled from Glasgow! The meeting included seminars from two internationally renowned speakers (Profs Philipp Scherer and John Wass), with 10 oral case presentations and 11 posters. The presence of several senior clinical academics ensured an exchange of ideas about current thinking on clinical issues, and valuable feedback for the oral and poster presenters.

The first prize for oral presentation (£250) was awarded to Dr A Tahrani, with Dr MA Karamat receiving the £150 prize as runner-up. Drs A Palalau and R Mukhopadhyay won the two poster prizes of £100. The event was credited with 4 CPD points.

As Professor Paul Stewart (MEC and the Society's General Secretary Elect) commented, 'The success of this first Regional Clinical Cases meeting demonstrates how effective the Society has been at liaising with a local endocrine group in recognising and satisfying the needs of trainees who may have found it difficult to travel to London for the National Clinical Cases meeting.'

The next Regional Clinical Cases meeting will be held in Edinburgh on 4 December 2009.



Enticing students into endocrinology

► Designed by scientists for scientists, the annual Biosciences Federation Life Sciences Careers Conference aims to provide bioscience students with advice on the career options available to them. The Society recently attended (and sponsored) the event at King's College London, as part of our aim to encourage students to take up a career in endocrinology.

The programme included presentations on a wide range of science-related careers, a CV workshop, an exhibition and a chance to mingle with the experts and ask informal questions over refreshments.

Our stand was very popular and we were really impressed with the level of enthusiasm amongst the students, and encouraged by their interest in endocrinology. We explained how the Society can help boost careers. Many students signed up to receive our monthly email news alert.

The talks given by bioscientists covered several different career pathways, including clinical careers, science communication, postgraduate study options and careers in industry. Dr Ian Lyne (BBSRC) discussed careers in scientific research and described the core skills such as time management, self-discipline, and oral and written presentation skills that you develop during a PhD.

The CV workshop showed the students how to secure an interview for their perfect job. It included tips on how to compile a biosciences CV using an informative but attention-grabbing style and was very well received.

The students left armed with lots of ideas, useful career information, plenty of freebies and well-fed!

Details of the latest jobs, grants and prizes in endocrinology can be found on our careers website: www.endocrinology.org/careers/. You can display details of any endocrinology-related job vacancies in your department on our website by sending them to careers@endocrinology.org.

Hard at work in Hammersmith

► In December, the Society sponsored the 3rd Hammersmith Multidisciplinary Endocrine Symposium. The meeting aimed to bring together trainees and consultants from all specialties who manage complex endocrine patients in multidisciplinary teams. This forum allows them to share best practice and discuss more difficult cases.

Of the 120 attendees, roughly half were medical trainees and consultants. The others were trainees and consultants in surgery, radiology or oncology, and endocrine nurses. We were delighted that patients with multiple endocrine neoplasia (MEN) also attended.

The morning saw participants considering difficulties in management of pheochromocytomas, adrenal incidentalomas and MEN1 and MEN2A. Each session was followed by interactive discussion regarding specific clinical cases which posed difficult management decisions.

Professor Karim Meeran set up an audience participation 'clicker system' to make the sessions interactive. Members of the audience could anonymously and instantly give their answers to questions raised in the talks (as in 'Who Wants to be a Millionaire?'). The range of answers from the audience highlighted the diagnostic and management difficulties we all face in managing complex endocrine cases with little clinical data from randomised trials!

Seven of the 41 excellent posters from trainees were also presented as oral communications. The Society supported two £100 prizes for the best posters demonstrating the importance of a multidisciplinary

team in patient management. These were awarded to Dr Ali Abbara (London) and Dr Sanjeev Sharma (Norwich). All the abstracts are available at www.endocrine-abstracts.org/ea/0018/default.htm.

Excellent interactive talks trained us in radiology and thyroid cytology, though I was rather pleased that my answers on the clicker system were anonymous for this session! The meeting ended with the Society for Endocrinology International Seminar, delivered by Prof Jean-Francois Henry from France. His talk, on the impossible subject of managing patients with mild hypercalcaemia, was one of the most practical and clearest evidence-based talks I have had the pleasure of attending.

Feedback from delegates has been excellent, and the meeting was a great success. The Organising Committee (Mr Fausto Palazzo, Prof Steve Bloom, Prof Karim Meeran and myself) thank the Society for Endocrinology for their support, without which it would not have been possible. The next meeting will take place on 11 December 2009 (see metmed.info).



Duncan Bassett reviews the guidelines for treating patients with MEN-1

OBITUARY

Keith Langston Parker

► Keith Parker was born in St Louis, MO, USA. After obtaining his MD and PhD at Washington University in St Louis, he trained in internal medicine at the University of Texas (UT) Southwestern Medical Center and undertook postgraduate studies in molecular genetics at Harvard University. Keith joined the Department of Medicine at Duke University in 1986, where he was a Howard Hughes Medical Institute investigator.

In 1997, he returned to UT Southwestern Medical Center at Dallas, where he became the JD and Maggie E Wilson Distinguished Professor in Biomedical Research and Chief of the Division of Endocrinology and Metabolism and served as Professor of Internal Medicine and Pharmacology.

Keith was an internationally recognised leader in endocrinology and metabolism. He made major breakthroughs in our understanding of the mechanisms controlling gonadal and adrenal development, as well as how the genes encoding steroidogenic enzymes are regulated. Along with the Morohashi group in Japan, Keith recognised that a common DNA sequence was critically important in regulating these genes, and he went on to discover the nuclear receptor, steroidogenic factor 1 (SF-1). Keith was amongst the earliest researchers to apply gene knockout technology through the generation of mice



lacking SF-1. His research group went on to further define the role of SF-1, demonstrating that this transcription factor is fundamental to many aspects of endocrinology.

In addition, Keith continued his research on molecular steroidogenesis with studies of the steroidogenic acute regulatory protein. This work also led to major publications, with his work being amongst the most highly cited in *Molecular Endocrinology*.

He was an educator, both to trainees at UT Southwestern Medical Center, and as an editor and contributor to major international textbooks. He had served terms on the editorial boards of many journals and was the recipient of many honours. Most importantly, underlying all these aspects, Keith was an understated, humble man of high integrity, much loved by colleagues and collaborators locally, nationally and internationally.

Autumn Retreat

► **October 2008 saw the first Autumn Endocrine Retreat. The original vision was to provide an informal setting to encourage networking of the Society's scientist-in-training members with their peers and with (slightly) longer-in-the-tooth faculty members. In this regard, the Retreat was a complete success!**

All the delegates actively engaged with the project work - the task being to design a project grant proposal based on a recently published study in an endocrine journal. For most, this was the first time they had contemplated planning an entire research project, not just single experiments, yet the results of their efforts were excellent.

We were delighted to feature excellent plenary lectures from Alan McNeilly, Jenny Pell and Tony Michael. I'm extremely grateful to our participants for getting so actively involved, to our faculty for their considerable efforts in making the Retreat a success, to Rachel and Kate in the Bristol office for worrying about everything and to Council for providing funds. I sincerely hope this can be included in the annual calendar of Society events.

ROB FOWKES, ORGANISER

I arrived at the Retreat hoping to meet some pleasant young endocrinologists, including those undertaking clinical research like me, and to learn new aspects of endocrine research.

Dr Rob Fowkes warmly welcomed both faculty and participants as 'one family' for the whole period of the course. We participated in four small workshops headed by a member of the meeting faculty. These were very interactive and allowed us to discuss many very practical issues in research.

The real challenge, which was very important for me as a clinician, was to design and prepare a research project based on work in animals. The aim was to present the project to the faculty as if applying for funding, and everyone was very enthusiastic to develop a persuasive case.

All the groups spent a whole day working on their projects; discussing it with their supervisors and amongst themselves. Work even continued after dinner to have the best presentation for the next morning! When the time came for presentations there was no escape. The groups adopted a spirit of friendly competition, and the faculty appeared impressed with our work.

After the closing session, we were all invited for a photo with the faculty in the garden. For us, this wasn't just a photo but a new network of young endocrinologists keen to develop research projects in endocrinology for the future.

As a clinician and young endocrinologist I found this meeting very beneficial, providing a real practical opportunity to learn many aspects of research project design and funding, as well as many useful suggestions for developing my career in the future.

MOHAMMAD ALHADJ ALI

The Society's Autumn Retreat appealed to me as a alternative environment in which to discuss my research with other endocrinologists who were at a similar stage (2nd year PhD student), and to build confidence and learn from others before presenting at a national conference.

As soon as I arrived, I was struck by everyone's friendliness, both delegates and faculty members. The number of participants ensured a comfortable environment for all students. As the Retreat began, all the faculty speakers reinforced the importance of research by giving their own personal views and experiences.

Brainstorming to produce a grant proposal based on work undertaken in a journal article not only increased my knowledge by working with other delegates in a group, but drew out the researcher in me. I was very surprised at how much I already knew about research methodology and how to apply it to persuade a funding body to dish out some cash!

We ended the retreat as a really tight group, eager to keep in touch with each other's progress and to reunite at the Society BES meeting.

This kind of environment works well because delegates have chosen to come here driven by their enthusiasm for their own work as well as a strong interest in general endocrinology. This could clearly be seen in the organisation of the Retreat and in the faculty members, helped by everyone being so warm and engaging.

I thank the Society for organising this event. I got so much out of it, including a new enthusiasm for my project, even after living in the lab 24/7. My only suggestion would be to increase the weekend's remit to include advice on writing conference abstracts and a technical workshop for any lab-based queries.

IMOGEN BUTCHER

Young Endocrinologists

The Young Endocrinologists Steering Group ensures that the Society as a whole is aware of the the voice and viewpoint of its members who are 'in-training'.

Members of the Group sit on all the Society's committees, to advise on the Young Endocrinologists' perspective on issues raised. The Group strives to ensure that important and pertinent issues for both clinicians and scientists in-training are acknowledged and addressed.

We meet twice a year to organise the Young Endocrinologists' Symposium for the Society BES meetings; this aims to address training needs. We also aim to provide informal networking opportunities between Young Endocrinologists and more senior endocrinologists, and, as such, the Young Endocrinologists' Quiz Night at the Society BES meetings has been a great success.

Please browse our revamped web pages at www.endocrinology.org/ye for current information, and send your thoughts or ideas via the new comments section. Membership participation helps us identify the key issues facing Young Endocrinologists, so that we can raise and address these within the Society.

*KIM JONAS, CHAIR,
YOUNG ENDOCRINOLOGISTS STEERING GROUP*

We are pleased to highlight the activities of our corporate members in this special section. Companies wishing to join the Society for Endocrinology should contact Nigel Garland in the Bristol office (nigel.garland@endocrinology.org).

ALMIRALL LTD



Almirall is an international pharmaceutical company based in Spain that researches, develops and commercialises proprietary and licensed specialties, with the aim of improving people's health and well-being. Our approach is to focus on developing and commercialising novel treatments for a number of inflammatory diseases including asthma, COPD, psoriasis and other dermatological diseases, rheumatoid arthritis and multiple sclerosis (MS).

Almirall Ltd, Pinewood, Chineham Business Park, Basingstoke RG24 8AL, UK (Web: www.almirall.com)

AMGEN LTD



Amgen discovers, develops, manufactures and delivers innovative human therapeutics. A biotechnology pioneer since 1980, Amgen was one of the first companies to realize the new science's promise by bringing safe and effective medicines from lab, to manufacturing plant, to patient. Amgen therapeutics have changed the practice of medicine, helping millions of people around the world in the fight against cancer, kidney disorder, rheumatoid arthritis, and other serious illnesses. With a deep and broad pipeline of potential new medicines, Amgen remains committed to advancing science to dramatically improve people's lives.

Amgen Ltd, 240 Cambridge Science Park, Milton Road, Cambridge CB4 0WD, UK (Web: www.amgen.co.uk)

ASTRAZENECA PLC



AstraZeneca is a major international healthcare business, engaged in the R&D, manufacture and marketing of ethical (prescription) pharmaceuticals and the supply of healthcare services.

We are one of world's leading pharmaceutical companies and, with the acquisition of MedImmune, AstraZeneca has a world class small molecules, biologics and vaccines capability.

AstraZeneca is listed in the Dow Jones Sustainability Index (Global) as well as the FTSE4Good Index. With approximately 67 000 employees, AstraZeneca's headquarters are in London. Worldwide, AstraZeneca has 17 principal R&D centres, employing 12 000 people in 8 countries: Canada, China, France, India, Japan, Sweden, the UK and the USA. AstraZeneca has manufacturing activities in more than 20 countries.

Scientists at AstraZeneca have discovered and developed many of today's leading prescription medicines. A global leader in the development of cancer therapies, we are committed to continuing the fight against cancer, through early detection and awareness programmes and through fundamental medical advances. AstraZeneca scientists are focused on developing a broad portfolio of anti-cancer products to extend and improve the quality of patients' lives.

Over the past 30 years, AstraZeneca has developed effective cancer medicines for patients with breast and prostate cancer. AstraZeneca produces Casodex (bicalutamide), the world's leading anti-androgen, Zoladex

(goserelin acetate), the second largest-selling LHRH agonist in the world, Nolvadex, the first anti-oestrogen used in breast cancer, and the pure antioestrogen, Faslodex. We have also introduced a highly effective and well-tolerated third generation aromatase inhibitor, Arimidex, that has shown superior efficacy to the previous gold standard hormonal treatment for breast cancer, Tamoxifen.

AstraZeneca has a robust and expanding R&D pipeline of both small molecules and biologics targeting unmet patient needs in gastrointestinal, neuroscience, cardiovascular, respiratory and inflammation, oncology and infectious diseases.

AstraZeneca, Mereside, Alderley Park, Macclesfield SK10 4TG, UK (Web: www.astrazeneca.com)

BAYER SCHERING PHARMA



Bayer Schering Pharma's goal is to achieve a leading market position in each of our specialist fields. With our distinctive expertise, the company engages in research on new drugs which, as innovative therapies, make an essential contribution towards improving people's quality of life. Our outstanding research activities, together with our highly motivated staff, secure the sustainable success and growth of our company. Our men's health portfolio features products for testosterone therapy and erectile dysfunction.

The future of medicine lies in individual approaches and in building bridges between prevention, diagnosis and therapy. Bayer Schering Pharma meets this challenge with proven, successful products based on many decades of knowledge and experience. At the same time we invest a lot of effort in R&D to discover and advance novel therapeutic solutions for the benefit of all people.

Bayer Schering Pharma, Strawberry Hill, Newbury RG14 1JA, UK (Tel: 01635-563000, Web: www.bayerscheringpharma.co.uk)

BIOSCIENTIFICA LTD



BioScientifica provides a range of services of specific relevance to medical and scientific societies and the pharmaceutical industry. We can manage all aspects of your conference, including abstract management, and handle your secretariat and membership services. An experienced publisher of books, journals, newsletters and conference proceedings, we can also create and maintain websites on your behalf. If you are looking for any of these services, get in touch!

BioScientifica manages conference services for the Society for Endocrinology, British Fertility Society, Cancer and Bone Society, British Oncological Society and Ipsen Pharmaceuticals. We provide a full online abstract publishing service for several clients.

We act as the standing office for five learned societies, offering full membership services, enquiry handling, committee meeting management, production of newsletters and advice regarding governance and other procedural matters. BioScientifica handles the external relations for the Society for Endocrinology and the British Fertility Society.

The following publications are managed by BioScientifica:
 ► *European Journal of Endocrinology*, published in print and online with HighWire Press for the European Society of Endocrinology

- ▷ *Reproduction*, published in print and online with HighWire Press for the Society for Reproduction and Fertility
- ▷ a range of books, including: the KIMS annual overview; the new ACROSTUDY annual overview; titles on the drug octreotide; *Acromegaly*; *Handbook of Neuroendocrine Tumours*; and the annual HypoCCS series, including *A Decade of HypoCCS: The Changing Face of Pituitary Disease* and *Molecular Pathology and Therapy of Pituitary Disease*.
- ▷ the publishing of journal supplements from satellite symposia, such as the International Symposia on Paediatric Endocrinology supplement to *European Journal of Endocrinology*.

Our in-house website management service has created and maintains more than ten websites for societies and other organisations.

BioScientifica Ltd, Euro House, 22 Apex Court, Woodlands, Bradley Stoke, Bristol BS32 4JT, UK (Tel: 01454-642240; Web: www.bioscientifica.com)

ELI LILLY AND COMPANY



Eli Lilly and Company is one of the world's largest research-based pharmaceutical companies, dedicated to creating and delivering innovative pharmaceutical healthcare solutions that enable people to live longer, healthier and more active lives. Our R&D efforts constantly strive to address urgent unmet medical needs.

Eli Lilly and Company was founded in 1876 in Indianapolis, USA, and has had a long history of producing endocrine products, dating all the way back to the collaboration with Banting and Best and the introduction of the world's first insulin product in 1922.

Another element of Lilly's endocrine portfolio is GH replacement. Lilly manufactures recombinant human GH (somatropin) at Speke near Liverpool, UK. A full range of products and services is provided for the healthcare professional to use with their patients on GH replacement therapy for both adults and children.

To assist in the therapeutic management of osteoporosis, Lilly has two products, each catering for different patient needs: Raloxifene and Teriparatide.

Finally, Lilly continues to focus significant resources on research into the endocrine area. For additional information about any of our endocrine products or services please log on to the Lilly website: www.lilly.co.uk.

Eli Lilly and Company Ltd, Lilly House, Priestley Road, Basingstoke RG24 9NL, UK (Tel: 01256-315000; Web: www.lilly.co.uk)

FERRING PHARMACEUTICALS LTD



Founded in 1950 by Dr Frederik Paulsen, Ferring Pharmaceuticals is focused on the research and commercial development of peptides - natural compounds that play a role in virtually all of the body's systems. Ferring produces pharmaceuticals in specific therapeutic areas to help clinicians treat patients on the body's own terms.

As a dedicated, research-driven biopharmaceutical company, Ferring identifies, develops and markets innovative products in the fields of fertility, obstetrics, endocrinology, urology and gastroenterology.

Ferring continues to invest in R&D to enable the introduction of new and enhanced medicines. At present, there are a number of major projects in the Ferring R&D pipeline, which complement the existing portfolio and offer innovative development of current brands. They also fit neatly into the core expertise areas of peptide chemistry, pharmacology and drug delivery systems.

Ferring's developmental activities are on a global scale and are conducted in collaboration with leading academic centres and teaching hospitals worldwide. Co-ordination of development is maintained from the International PharmaScience Center in Copenhagen, Denmark. The accumulated knowledge and experience of Ferring are paving the way for novel compounds that will become tomorrow's pharmaceuticals.

Ferring Pharmaceuticals Ltd, The Courtyard, Waterside Drive, Langley SL3 6EZ, UK (Tel: 01753-214800; Web: www.ferring.co.uk)

GENZYME THERAPEUTICS LTD



Founded in 1981, Genzyme is now one of the world's largest and most established biotechnology companies. With more than 25 major products and services marketed in over 60 countries, Genzyme is a global leader in the effort to develop and apply the most advanced capabilities in biotechnology, in order to address a range of unmet medical needs.

With corporate headquarters in Cambridge, MA, USA, Genzyme has approximately 4600 employees working in 40 countries throughout the world. The European headquarters are in Naarden, The Netherlands, and the UK headquarters covering the whole of the British Isles are now based in Oxford.

Genzyme-sponsored R&D has led to the introduction of new treatments for many serious health problems, from rare and debilitating genetic diseases to renal disease, orthopaedic injuries, transplantation and thyroid cancer. One of Genzyme's most significant successes is Thyrogen (thyrotropin alfa), which contains a highly purified recombinant form of human TSH. It can be used to eliminate the devastating and painful symptoms of thyroid hormone withdrawal that patients may experience when they are tested for a recurrence of thyroid cancer. Thyrogen will also lead to more accurate thyroglobulin measurements on thyroid hormone suppression.

Genzyme has a commitment to improving the lives of patients and supporting the work of doctors and other healthcare providers.

Genzyme Therapeutics Ltd, 4620 Kingsgate, Cascade Way, Oxford Business Park South, Oxford OX4 2SU, UK (Tel: 01865-405200; Web: www.genzyme.com)

IPSEN LTD



Ipsen is an innovation-driven international specialty pharmaceutical group with over 20 products on the market and a total worldwide staff of nearly 4000. Our development strategy is based on a combination of specialty products, which are growth drivers, in targeted therapeutic areas (oncology, endocrinology and neuromuscular disorders), and primary care products, which contribute significantly to our research financing.

The location of our four R&D centres (Paris, Boston, Barcelona, London) and our peptide and protein engineering platform give the Group a competitive edge in gaining access to leading university research teams and highly qualified personnel. More than 700 people in R&D are dedicated to the discovery and development of innovative drugs for patient care. This strategy is also supported by an active policy of partnerships.

In 2007, R&D expenditure was about €185 million, in excess of 20% of consolidated sales, which amounted to €20.5 million, while total revenues amounted to €993.8 million (in IFRS). Ipsen's shares are traded on Segment A of Euronext Paris (stock code IPN, ISIN code FR0010259150). Ipsen's shares are eligible for the Service de Règlement Différé or SRD and the Group is part of the SBF 120 index.

Ipsen Ltd, 190 Bath Road, Slough SL1 3XE, UK (Tel: 01753-627700; Fax: 01753-627701; Web: www.ipсен.com)

MERCK SERONO LTD



As the UK and Republic of Ireland affiliate of Merck Serono, a global biopharmaceutical leader headquartered in Geneva, Switzerland, Merck Serono Ltd is an integral part of driving the growth and success of the company's global business.

Merck Serono has built its reputation as a leader in the biopharmaceutical industry by integrating cutting-edge science with comprehensive patient support systems to improve people's lives.

With a focus on specialised therapeutic areas, including reproductive health, neurology, dermatology and endocrinology, we are committed to growing our current portfolio and entering into new disease activities.

Merck Serono Pharmaceuticals Ltd, Bedfont Cross, Stanwell Road, Feltham TW14 8NX, UK (Tel: 01371-875876; Web: www.serono.co.uk)

NOVARTIS PHARMACEUTICALS UK LTD



Novartis is one of the world's leading pharmaceutical companies and works to discover, develop and deliver new and innovative products to treat patients, ease suffering and to enhance quality of life.

Headquartered in Basel, Switzerland, Novartis Group companies employ 100 000 people globally across 140 countries, working in pharmaceuticals, consumer health, generics and vaccines divisions. This includes 3600 employees in the UK.

Committed to addressing the evolving healthcare needs of patients and societies, the company invested approximately \$6.4 billion in R&D in 2007.

Novartis Oncology has a strong heritage in cancer care. Indeed, over the past 25 years, pioneering research has repeatedly resulted in new and innovative products. From the development of the first somatostatin analogue, through advances in bisphosphonate therapy, to the cutting edge of rationally designed molecularly targeted compounds, Novartis has continued to build and expand the company's heritage through focused research programmes across a broad spectrum of cancer care.

Novartis Pharmaceuticals UK Ltd, Frimley Business Park, Frimley, Camberley GU16 7SR, UK (Tel: 01276-692255; Fax: 01276-698605)

NOVO NORDISK LTD



Novo Nordisk Ltd is a focused healthcare company with a leading position in areas such as diabetes, growth hormone therapy, haemostasis management and hormone replacement therapy.

With the broadest diabetes product portfolio in the industry, including advanced products within the area of insulin delivery systems, Novo Nordisk is the world leader in diabetes care.

Within the area of growth hormone, Novo Nordisk has always been at the forefront of research into the use of human growth hormone (hGH). Since the first extraction and development of hGH nearly 40 years ago, Novo Nordisk has made a series of breakthroughs in the development of indications and convenient delivery systems for hGH, including the introduction in 1999 of Norditropin® SimpleXx® (liquid growth hormone).

Novo Nordisk manufactures and markets pharmaceutical products and services that make a significant difference to patients, the medical profession and society.

With headquarters in Denmark, Novo Nordisk employs approximately 26 000 people in 80 countries and markets its products in 179 countries

Novo Nordisk Ltd, Broadfield Park, Brighton Road, Crawley RH11 9RT, UK (Tel: 01293-762000; Web: www.novonordisk.com)

NYCOMED UK LTD



Nycomed is a Europe-based pharmaceutical company with a presence in most of the world's major markets. Nycomed has a broad range of products with an emphasis on therapeutic areas which include osteoporosis, gastrointestinal, surgery, respiratory, and pain. As well as internal R&D, Nycomed seeks to be the preferred partner for licensed specialist products.

Nycomed UK Ltd, Three Globeside Business Park, Fieldhouse Lane, Marlow SL7 1HZ, UK (Tel: 01628-646400; Web: www.nycomed.com)

PFIZER LTD



Pfizer Inc, the world's largest research-based pharmaceutical company, discovers, develops, manufactures and markets prescription medicines in 11 therapeutic areas including endocrinology, oncology, cardiovascular, pain, neuroscience and infectious diseases, including HIV/AIDS. Pfizer is also the world's largest animal health company.

Pfizer Inc employs approximately 85 000 colleagues worldwide, all working together for a healthier world. Pfizer conducts more biomedical research than any other organisation, and has 12 000 professionals working in four major R&D sites worldwide, including Sandwich in Kent. Pfizer's annual UK R&D investment is more than £550 million - more than £10 million a week.

In the UK, Pfizer has European R&D headquarters at Sandwich and UK business headquarters in Surrey. We are the major supplier of medicines to the NHS.

Pfizer Ltd, Walton Oaks, Dorking Road, Tadworth KT20 7NS, UK (Tel: 01304-616161; Web: www.pfizer.co.uk)

PROSTRAKAN

ProStrakan Group plc is one of Europe's fastest growing specialty pharmaceutical companies. We are engaged in the development and commercialisation of prescription medicines for the treatment of unmet therapeutic needs in major global markets.

The company's headquarters are in Galashiels, UK. Development facilities are based in Galashiels and in Bedminster, NJ, USA.

ProStrakan markets a range of specialist products through our commercial operations based in the UK, Germany, France, Italy, Spain and Sweden. The Company has established a commercial infrastructure in North America in a strategic alliance with NovaQuest. In addition to European country-specific products, our principal pan-European and USA products are: Abstral (EU), Tostran (EU), Rectogesic (EU), Xomolix (EU) and Sancuso (USA).

ProStrakan's goal is to build a significant international specialty pharmaceutical company based on a self-sustaining business model. At its most simple, that means bringing products to market - either from our development portfolio or by in-licensing - to be sold by our own sales forces in major markets. The revenues from increasing product sales will, in turn, provide for greater investment in development and geographic expansion.

ProStrakan Group plc, Galabank Business Park, Galashiels TD1 1QH, UK (Tel: 01896-664000; Web: www.prostrakan.com)

SANDOZ LTD

Sandoz, a division of the Novartis group, is a world leader in high quality generics and biopharmaceutical medicinal products. Sandoz develops and markets a wide variety of active ingredients and finished products, having a portfolio of more than 840 compounds in over 5000 forms. Novartis is the only major pharmaceutical company to have leadership positions in both patented prescription drugs and generic pharmaceuticals.

In 2005, Hexal AG (Germany) and EonLabs Inc. (US) became part of Sandoz. In 2006, the business employed about 21 000 people worldwide. It sold its products in more than 110 countries and posted sales of US\$6 billion.

Sandoz's recombinant human GH Omnitrope® received marketing authorisation from the European Commission in April 2006 and has been launched subsequently in several European countries. In the US, Omnitrope® was launched in January 2007. In Australia, Omnitrope® has been on the market since November 2005.

Biosimilar medicines made by Sandoz:

- ▷ fully adhere to the new and rigorous European standards for biosimilar medicinal products
- ▷ guarantee a high quality production process, as Sandoz ranks among the world's largest and most experienced manufacturers of biotechnological products
- ▷ ensure patient care and safety through appropriate preclinical development, clinical trials and post-marketing surveillance, including a state of the art pharmacovigilance system
- ▷ help reduce the burden on healthcare systems by providing the public with safe and effective medicines at competitive prices.

Sandoz International GmbH, Industriestrasse 25, 83607 Holzkirchen, Germany (Tel: +49-8024-4762591; Fax: +49-8024-4762599; Web: www.sandoz.com)

**EVELYN ASHLEY SMITH AWARD 2009
FOR A NURSE WITH A SPECIAL INTEREST IN THYROID DISORDERS**

Up to two awards of £500 each are offered by the British Thyroid Foundation (BTF) to enable a nurse with a special interest in thyroid disorders to provide improved care to patients with thyroid disorders. These were made possible by the late Evelyn Ashley Smith, for many years a member of the BTF.

Applications are invited from nurses and endocrine nurses within the UK and Eire. The award will be offered to (a) support training needs including conference attendance, (b) support a specific project lasting 1 year, (c) reward a piece of work already completed, but not yet published. Applicants must demonstrate that the activity supported by the award is aimed at enhancing the care of patients with thyroid disorders.

Application forms are available from BTF Nurse Award, 2nd Floor, 3 Devonshire Place, Harrogate HG1 4AA, UK.

Application forms are also available at www.btf-thyroid.org or by emailing b.m.nevens@btf-thyroid.org.

The closing date for applications is 1 July 2009.

**BRITISH THYROID FOUNDATION
RESEARCH AWARDS 2009**

A 1-year award of up to £10 000 is offered to enable medical researchers to supplement existing projects or to pump-prime existing research ideas. Funds will be awarded for consumables, running costs and necessary items of equipment.

The successful project must be specifically directed to the study of thyroid disorders or an investigation into the basic understanding of thyroid function.

Applications will be refereed by a panel appointed by the Trustees of the BTF in conjunction with representatives from the British Thyroid Association and the BTF. They will be graded on the merit of the project and the awards will be given to those that achieve the highest score.

Further information and application forms are available from BTF Research Award, 2nd Floor, 3 Devonshire Place, Harrogate HG1 4AA, UK.

Application forms are also available at www.btf-thyroid.org or by emailing b.m.nevens@btf-thyroid.org.

The closing date for applications is 31 August 2009.



Spotlight on the...**British Thyroid Foundation**

► It's estimated that one in four people will have a thyroid function test this year, and yet many people know little or nothing about their thyroid gland until it goes wrong!

The British Thyroid Foundation (BTF) is a patient-led charitable organisation, dedicated to raising awareness and to helping people with thyroid disorders avoid isolation and gain information, support and understanding. It was founded in 1991 by Janis Hickey, with the help of a group of endocrinologists, some years after she herself was diagnosed with Graves' disease and thyroid eye disease.

The BTF was run on a voluntary basis at first. Almost 18 years on, there are three staff, including Janis, who work at our head office in Harrogate. Across the country, volunteers help in a variety of ways, organising local group meetings, providing telephone helpline support, assisting in the office, managing the website, and editing, producing and mailing the newsletter. In addition, numerous members undertake a whole range of activities to raise funds for the BTF - car boot sales, line dances, marathon runs and treks overseas, to name but a few.

We have, thanks to our members, raised over £120 000 for research studies. Last year we made two awards for research into thyroid problems and we also support an award for nurses with a special interest in thyroid disorders (see page 10 for details).

We work closely with medical professionals, and in particular with thyroid specialists from the British Thyroid Association (BTA). Many of the enquiries we receive are about hypothyroidism, from people who are having difficulty managing their condition or who are confused by the conflicting information on the internet. We are keen to provide our members with reliable, evidence-based information, and are proud to be one of the signatories to the recent Royal College of Physicians position statement on the diagnosis and management of primary hypothyroidism (see www.rcplondon.ac.uk/specialties/Endocrinology-Diabetes/Pages/Endocrinology-Diabetes.aspx).

We also assist with medical research by collecting data from members via questionnaires distributed with our newsletters. The most recent surveys asked members for input on the length of prescriptions, thyroid medication and packaging, and (jointly with the Thyroid Eye Disease Charitable Trust) the level of treatment and care received by people with thyroid eye disease. Results from these surveys will be reported at the Society for Endocrinology BES 2009 meeting in March.

The organisation has gone from strength to strength. Assisted by a patient support grant from the Society for Endocrinology, we have recently been able to update our patient information literature, which is endorsed by the BTA, and to run a training weekend for our volunteer support network. We have built relationships with health professionals that allow two-way dialogue and conveyance of the patients' perspective. We also work closely with other patient support organisations.

Looking forward, we want to improve information available on thyroid eye disease and thyroid cancer. Equally crucial is to improve the information for women with a thyroid disorder who want to have a baby, and to help young people with thyroid disorders. This latest project has been prompted by a 10-year-old girl with Graves' disease, who wrote to us with the results of her survey to find out what children think about having a thyroid problem.

Over the years we have been contacted by tens of thousands of people for information and support. Dealing with the many different thyroid disorders presents a challenge, so it is good to receive feedback from so many saying that we have made a positive difference to their lives.

JANIS HICKEY (BTF DIRECTOR), JUDITH TAYLOR (BTF NEWS EDITOR)

If you are interested in getting involved with the BTF's work, or would like further information, please contact the BTF, 3 Devonshire Place, Harrogate HG1 4AA, UK (Tel: 01423-709707; Email: j.l.hickey@btf-thyroid.org; Web: www.btf-thyroid.org).

Funding for Clinical Endocrine Audits

► The Clinical Endocrinology Trust (CET) supports endocrine audit projects within the UK. Recent examples include the UK Acromegaly Database and the CaHASE audit of adults with CAH. The CET has recently awarded funding to the British Thyroid Association to evaluate the iodine status of teenage girls across the UK.

The Trustees now invite further clinical endocrine audit applications from societies or endocrine centres. Preference will be given to projects involving multicentre collaborations. We are particularly interested in receiving applications related to areas of endocrinology that the CET has not previously supported. A sum of £40 000 is available during 2009-2010 for one or more projects judged by the Trustees to be worthy of support; their decision will be final.

Applications should be limited to three sides of A4 paper and structured as follows: background, aims, methods, funding justification and references. They should be sent to Dr John Bevan (CET Secretary) at johnbevan@nhs.net by 30 June 2009. *We look forward to hearing from you!*

Complimentary Clinical Endocrinology subscriptions

► Are you in contact with an institution that might benefit from a complimentary subscription to *Clinical Endocrinology*?

In recent years the Clinical Endocrinology Trust (CET) has funded several such subscriptions for deserving institutions throughout the world, mostly in Eastern Europe and Asia. Six were renewed following a 2006 review, and the Trustees would like to offer further subscriptions to institutions recommended by Society members.

Subscriptions will be awarded to institutions, rather than individuals, and it is the Trustees' intention that such subscriptions will benefit endocrine communities in economically disadvantaged countries.

Recommendations should be sent to Dr John Bevan (CET Secretary) at johnbevan@nhs.net.



Manchester

In this issue, we travel to Manchester as Julian Davis tells us about one of the UK's 'hotbeds' of endocrinology, though others think the local temperature's much lower...



Julian Davis

► A recent survey of 18-to 30-year-olds saw Manchester voted as Britain's 'coolest place to live'. Temperature aside, it's certainly a lively and exciting city, close to three National Parks, and home to Britain's largest single-site university, with over 5700 academic and research staff.

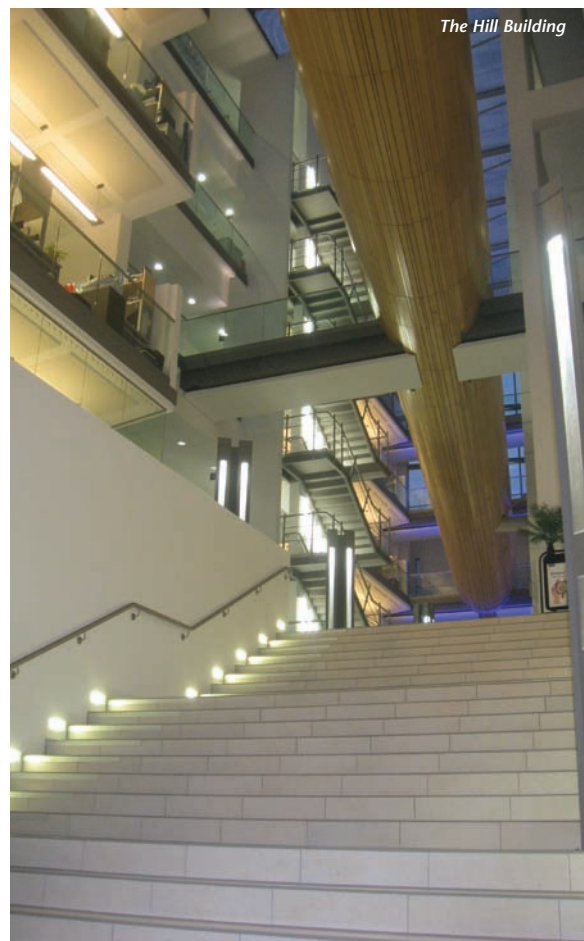
Endocrinology in Manchester has a long history of research activity based around three main centres,

which have benefited from friendly interactions over many years. Close to the city centre, the bioscience research buildings of Manchester University are immediately next to Manchester Royal Infirmary. Two miles to the south, the Christie Hospital houses the busy and productive endocrine group originally developed by Colin Beardwell and Steve Shalet, and four miles to the west, at Salford Royal (formerly 'Hope') Hospital, is the endocrine unit developed by David Anderson and others. Each of these centres has evolved greatly over the past 20 years and we enjoy increasingly frequent collaboration across the city, both in terms of research and clinical care networks.

I arrived in Manchester 20 years ago, to establish a research programme on pituitary biology and develop a strong clinical service. Manchester Royal Infirmary had a long and illustrious history of research into metabolic bone disease and vitamin D, since pioneering work by Bill Stanbury and Barbara Mawer, pursued more recently by Mike Davies and Peter Selby. But at that time there was rather little basic science research in endocrinology in the city. A small group of us, including myself, Anne White, Steve Bidey, Ian Morris and Andy Robertson, decided to establish the Endocrine Sciences Research Group (ESRG) to help support this type of work. The first intentions were not too ambitious. We simply wished to develop critical mass within the University, to share laboratories, facilitate interaction between staff and share expertise, and run a seminar programme.

Over the past 15 years ESRG has developed into one of the larger endocrine research groups in the UK. Anne White has pursued a programme of research on the pituitary-adrenal axis and prohormone processing, and the Davis lab continued to develop work on pituitary gene expression. We have recruited some first class and energetic colleagues (mostly now professors), with international reputations heading active groups.

Fred Wu moved to Central Manchester in the early 1990s to pursue research in male reproductive endocrinology, including a major EU-funded programme, the European Male Ageing Study. Peter Clayton had been a clinical fellow with Steve Shalet, and returned from a spell in the USA to develop paediatric endocrinology research, with special interests in GH action. He now heads a large and active unit with several consultant colleagues. David Ray, formerly a clinical MRC fellow with Anne White and myself, returned from a 2-year fellowship with Shlomo Melmed in Los Angeles to establish his own programme of research on glucocorticoid action, and now heads a large and active laboratory group. Melissa Westwood completed her PhD with Anne White on IGF-binding proteins, and went on to develop her own research in uterine biology, taking on the leadership of the Materno-Fetal Research Group 2 years ago. Most recently, Neil Hanley moved here from Southampton as part of Manchester's Biomedical Research Centre, working on endocrine development and stem cells, and Karen Piper-Hanley moved with him to continue her own work on pancreatic development.



The Hill Building

At the Christie Hospital, Steve Shalet and Colin Beardwell built a world-renowned group with special interests in the late effects of cancer treatment on endocrine function. Steve in particular had pioneered important work on the use of GH replacement therapy for adult patients. Maintaining this momentum, we have been fortunate to be joined by Peter Trainer in 1998, with research on therapy for acromegaly, including clinical studies of GH antagonists, and by Georg Brabant in 2006, developing his work on the biology of thyroid cancer.

In paediatric endocrinology, the Royal Manchester Children's Hospital is moving to its new home this year, on the central site adjacent to Manchester Royal Infirmary and St Mary's Hospital. Helena Gleeson, with Peter Clayton, is leading the development of transition services for young people with endocrine disease.

With the centralisation of neurosurgery at Salford Royal Hospital, we have been fortunate to have a dedicated neurosurgeon with a lead interest in pituitary surgery, Kanna Gnanlingham, who has had a big impact on improving outcomes for our patients with pituitary tumours. Tara Kearney leads the clinical endocrinology team in Salford, and is also now the lead for the Manchester Endocrinology Clinical Research Network, a cross-city clinical research initiative that allows us to share clinical projects and collaborate more effectively between hospitals.

Laboratory-based research in endocrinology has been very fortunate to have developed close links with biology colleagues in the Faculty of Life Sciences and, in particular, to have fostered close collaborations with Andrew Loudon on circadian and seasonal timing, and with Simon Luckman and Hugh Piggins on neuroendocrine regulation. We have recently moved together into a striking new research facility, the AV Hill Building, which should enable some very productive cross-faculty collaborative work.

Another important aspect of endocrinology in Manchester has been the presence of AstraZeneca near Alderley Edge in Cheshire. Barry Furr will be very well known to Society members as a former Chairman. Now we have the Manchester Cancer Research Center (MCRC) in alliance with AstraZeneca, working on biomarkers for cancer diagnosis and therapy monitoring.

Many of the key endocrinologists in Manchester have taken important roles in the Society for Endocrinology. Anne White



David Ray



Peter Trainer



Steve Shalet



Anne White



Fred Wu

was Treasurer between 2001 and 2006, David Ray has just finished a 3-year term as Programme Secretary, Peter Trainer is current Chair of the Clinical Committee, I have just stepped down as Editor-in-Chief of *Journal of Endocrinology*, and Melissa Westwood has just become Associate Editor of *The Endocrinologist*. Somehow we seem to have infiltrated most branches of the Society's activities!

So what does the future hold? It's as hard to know as it ever was, but both biomedical research and clinical care have become more complex in endocrinology, as in most other disciplines, and networks of collaborative colleagues are going to be even more important for success in years to come. Bioscience has continued to develop amazingly fast, and keeping pace with exciting developments in other fields makes it crucial to foster a rich and synergistic environment. The future is all around us, and I think that endocrinology in Manchester is set for some productive and enjoyable years ahead.

Do visit our websites at www.medicine.manchester.ac.uk/endocrine and www.christie.nhs.uk.

JULIAN DAVIS

On our tour of the UK, we're looking to spread the word about the latest endocrine research and the pioneers that made it possible. Your ideas and contributions would be warmly welcomed. Please contact info@endocrinology.org.



Dopamine agonists and the pituitary community

Dopamine agonists are first line treatment in patients with prolactinoma and remain a useful adjunct in acromegaly. Evidence has emerged that the use of high doses of the ergot-derived dopamine agonists pergolide and cabergoline in Parkinson's disease is associated with cardiac valve fibrosis. In January 2007, the manufacturer voluntarily withdrew pergolide. In the UK, the MHRA restricted the use of cabergoline in Parkinson's but made no mention of usage in endocrine disease. In late 2008, new MHRA guidance emerged which has raised anxiety amongst patients and their GPs about cabergoline.

This guidance was distributed with no approach made to the Society for Endocrinology or the pituitary community at large. Below, Kit Ashley of the Pituitary Foundation outlines the importance of dopamine agonists to the pituitary community.

► In October 2007, we included links from the Pituitary Foundation's website and online forum to the Society for Endocrinology's position statement on the use of dopamine agonists in endocrine disorders. The topic also featured in our January 2008 edition of *Pituitary Life*.

The news was met with some general anxiety among the readership (as one might expect). For the most part, folks simply armed themselves with printouts to take to their GPs. So, while awareness was raised, there was no outcry of fear and panic.

The topic of dopamine agonists has arisen again, leading to a good deal of concern. This is twofold: fear of the possibility of grave side-effects of essential medication, and fear of the possibility that essential medication will no longer be available.

In situations like this, that affect the lives of the pituitary community, the Pituitary Foundation aims to give them a voice. We believe that our members have the right to be informed about and, where appropriate, be included in decision-making processes about their care and treatment.

So it was that recently, when Auden McKenzie took over the manufacturing of hydrocortisone, the Addison's and pituitary communities expressed concerns about the new formulation and size of tablets (this, in contrast, could easily be described as an 'outcry'). Auden McKenzie approached the MHRA to fast-track the return to the MSD formulation and requested the assistance of the Pituitary Foundation as the voice of our community.

We discussed our concerns with the MHRA and were able to impress upon them the critical need for hydrocortisone in our community (something which the representative we spoke to did not understand). This meant we were able to assist Auden McKenzie in a quick return to the old formulation, which has been met with great relief by the pituitary community.

So it is rather extraordinary that an entire population has been ignored during the assessment of a treatment that affects lives.

We wholly support the endocrine medical community demanding to be involved in the assessment of the continued use of dopamine agonists for pituitary conditions. We would hope our population, and their continued health and quality-of-life, would be considered when such an enormous decision was being made.

KIT ASHLEY, EXECUTIVE DIRECTOR, THE PITUITARY FOUNDATION

There is a need for further studies on ergot-derived dopamine agonists. In the interim the Society has produced a position statement which is available on the website at www.endocrinology.org/policy/index.html.

The role of endocrinologists is now to discuss the situation with their patients. The outcome of each discussion should be a management plan that both patient and endocrinologist are comfortable with.

The Society is working hard with the MHRA to clarify the published guidance, The Society position statement will be updated as information becomes available and further news will be reported here in *The Endocrinologist*.

DR ANDY TOOGOOD, CONSULTANT ENDOCRINOLOGIST, BIRMINGHAM

Standing up for Science

► The Voice of Young Science is a network of scientists who have taken on an active role to combat 'pseudoscience'.

Over the last 5 years, we have explored the different ways in which we can stand up for science in public and have an impact on public debates. We hope our new publication, 'Standing up for Science 2: the nuts and bolts' will inspire and assist others in combating pseudoscience, by detailing our experience of what works and what doesn't.

We also want to spread the message that change doesn't always require big actions - there are plenty of small things that can have an effect on public debates about science. For example, you may not think that writing a letter to a newspaper will have a big impact, but it gives you a chance to explain the science and evidence around a subject.

Sometimes a letter will lead journalists to follow up the story. Chris Benfield, of the *Yorkshire Post*, says 'Writing a letter usually gets you more column inches than giving a reporter a quote, and the letters page is probably the best-read page in any publication.'

It is frustrating to see bad science reported, but remember, no matter who you are, and whatever your background or experience, there is always something you can do to raise the understanding of science in public. Even more importantly, as scientists, it is our responsibility to make sure that the public has access to good science and evidence. If we do not provide this, there is no guarantee that anyone else will.

To order a copy of 'Standing up for Science 2: the nuts and bolts', or to find out more about Voice of Young Science projects and workshops, please email voys@senseaboutscience.org.

ALICE TUFF, DEVELOPMENT OFFICER, SENSE ABOUT SCIENCE

HOT TOPICS

The latest endocrine research from the Society's journals, summarised by Laurie Mousah.

KLF9 and PHB2 in oestrogen-induced endometrial epithelial cell proliferation

Until recently, while communication between endometrial stromal and epithelial cells was considered to be important in the regulation of uterine endometrial and epithelial cell proliferation, the exact nature of this communication remained ambiguous.

Pabona and colleagues have now evaluated the effects of Kruppel-like factor-9 (KLF9) on oestrogen. Oestradiol-17 β was administered to KLF9 null mice for 24h to evaluate the effects of KLF9 on stromal-epithelial interactions. The results showed a

negative association between KLF9 expression and nuclear levels of prohibitin-2 (PHB2). KLF9 demonstrated regulation of endometrial epithelial cell proliferation through inhibition of PHB2 expression.

This study is the first to show this association, and the authors suggest that further investigation into the function and regulation of PHB2 by KLF9 is required. **LM**
(See the full article in *Journal of Endocrinology* 200(1), January 2009)

Small-molecule inhibitors of the sodium/iodide symporter

Sodium/iodide symporter (NIS) function is important in the diagnosis of various thyroid diseases. However, until recently, little information about the molecular nature of NIS-mediated iodide translocation has been available.

Lindenthal and others have used a high throughput screening method to study ten molecules for their effects on the iodide-induced current in NIS-expressing *Xenopus* oocytes. The molecules showed a wide range of effects. Four molecules inhibited the current induced by iodide; for three of these molecules the effects were irreversible. Three separate compounds inhibited the iodide-induced current from 10% to 50%. Furthermore, one molecule was able to alter conductance without iodide in water-injected oocytes.

The authors suggest that the extremely variable nature of the molecules means that they could be useful in discovering more about the molecular nature of NIS. Elucidating the molecular nature of NIS could, in turn, advance the understanding and detection of thyroid diseases. **LM**
(See the full article in *Journal of Endocrinology* 200(3), March 2009)

Society for Endocrinology BES 2009

16-19 March 2009, Harrogate, UK
Contact: Shirine Borbor, Society for Endocrinology, 22 Apex Court, Woodlands, Bradley Stoke, Bristol BS32 4JT, UK (Tel: +44-1454-642210; Fax: +44-1454-642222; Email: conferences@endocrinology.org; Web: www.endocrinology.org/meetings/2009/sfebes2009).

ECCEO 9 Athens 2009

18-21 March 2009, Athens, Greece
Contact: YP Communication, Boulevard G Kleyer 108, B-4000 Liège, Belgium (Tel: +32-4-2541225; Fax: +32-4-2541290; Email: yolande@piettecommunication.com; Web: www.ecceo9.org/index.html).

9th Annual Rachmiel Levine Diabetes and Obesity Symposium

18-21 March 2009, Anaheim, CA, USA
Contact: Karen Ramos (Tel: +1-800-6794673; Fax: +1-626-3018489; Email: Levinesymposium@coh.org).

2nd Joint Meeting of the International Bone and Mineral Society and the Australian and New Zealand Bone and Mineral Society

21-25 March 2009, Sydney, NSW, Australia
Contact: International Bone and Mineral Society (Web: www.ibms2009.com).

Insulin-Like Growth Factors in Physiology and Disease

22-27 March 2009, Ventura, CA, USA
Contact: Peter Rotwein (Email: rotwein@ohsu.edu; Web: www.grc.org/programs.aspx?year=2009&program=insulin).

Cell Death Pathways

22-27 March 2009, Whistler, BC, Canada
Contact: Keystone Symposia (Email: info@keystonesymposia.org; Web: www.keystonesymposia.org/Meetings/ViewMeetings.cfm?MeetingID=970).

European Association for the Study of Obesity Bjorntorp Symposium

24-27 March 2009, Prague, Czech Republic
Contact: EASO, 231 North Gower Street, London NW1 2NR, UK (Email: enquiries@easo.org; Web: www.easo.org).

Royal College of Nursing Annual International Nursing Research Conference

24-27 March 2009, Cardiff, UK
Contact: Laura Benfield (Tel: +44-20-76473591; Email: Laura.Benfield@rcn.org.uk; Web: www.rcn.org.uk/development/researchanddevelopment/rs/research2009).

Tackling Obesity 09

26 March 2009, London, UK
Contact: Govnet Communications (Freephone (UK only): 0800-5429585; Tel: +44-161-2113031; Email: bookings@govnet.co.uk; Web: www.govnet.co.uk/obesity).

3rd International Meeting on Skeletal Endocrinology

27 March 2009, University of Brescia, Italy
Contact: Secretariat (Email: skeletal@euroconventions.it; Web: www.skeletal-endocrinology.org/presentazione.asp).

43rd Annual European Society for Clinical Investigation

1-4 April 2009, Frankfurt/Main, Germany
Contact: Nicola Bock-Schildbach, Congress and Promotion, Amselweg 7, Königstein 61462, Germany (Tel: +49-6174-933595; Fax: +49-6174-933596; Email: Bock-Schildbach@esci2009.com; Web: www.esci2009.com).

20th National Meeting of the British Neuroscience Association

19-22 April 2009, Liverpool, UK
Contact: British Neuroscience Association (Email: bna2009@liv.ac.uk; Web: www.bna.org.uk/bna2009).

3rd Focused Meeting on Cell Signalling

20-21 April 2009, Leicester, UK
Contact: British Pharmacological Society (Email: meetings@bps.ac.uk; Web: www.bps.ac.uk).

National Training Scheme for the Use of Thyroid Ultrasound by Endocrinologists and other Specialists in Thyroid Diseases

24 April 2009, Croydon, UK
Contact: Joan Munt (Email: joan.munt@mayday.nhs.uk).

11th European Congress of Endocrinology

25-29 April 2009, Istanbul, Turkey
Contact: European Society of Endocrinology, c/o Sezen Elagoz, TeamCon Congress Services Worldwide, Halaskargazi Caddesi Alp Palas Apt No 79/1, Harbiye, Istanbul 34371, Turkey (Tel: +90-212-3438003; Fax: +90-212-3438023; Email: secretariat@ece2009.com; Web: www.ece2009.com).

American Association of Endocrine Surgeons Annual Meeting 2009

2-5 May 2009, Madison, WI, USA
Contact: AAES (Email: cartyse@upmc.edu; Web: www.endocrinesurgery.org/mtgs/future_meetings.cfm).

eta

2009 lisbon



Local Organizing Committee

Honorary Chairmen

Edward Limbert
Manuel Sobrinho-Simões

Chairman

João Jácome de Castro

Vice Chairman

Francisco Carrilho

Members of the Local Organizing Committee

Paula Soares	Elisabete Rodrigues
Helena Vilar	Fátima Borges
Fernando Rodrigues	Lucília Salgado
Maria João Oliveira	Valeriano Leite

Executive Committee

Peter Laurberg Denmark (President)

Luigi Bartalena Italy (Secretary)

George J. Kahaly Germany (Treasurer)

Leonidas Duntas Greece

Murat F. Erdogan Turkey

Barbara Jarzab Poland

Robin Peeters The Netherlands

Kris Poppe Belgium

Martin Schlumberger France

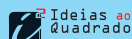
Graham Williams UK

Mariastella Zannini Italy

Annual Meeting of the European Thyroid Association

5th - 9th September 2009
Lisbon Portugal

www.eta09.com



PCO

Rua Mariana Vilar, Bloco 1 - Esc. 1A - 1600-537 Lisboa
Tel. + 351 21 712 10 10 Fax + 351 21 715 90 66
eta09@ideiasaoquadrado.com

